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**SB 313 Maryland Department of Health – Public Health Outreach Programs –  
Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia  
FAVORABLE  
House Health and Government Operations Committee  
March 23, 2021**

Good afternoon Chairwoman Pendergrass and members of the House Health and Government Operations Committee. My name is Tammy Bresnahan, Director of Advocacy for AARP MD. I am here today representing AARP MD and its more than 850,000 members in support of **SB 313 Maryland Department of Health - Public Health Outreach Programs - Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia.**

As you may know, AARP is the largest nonprofit, nonpartisan organization representing the interests of Americans age 50 and older and their families. Key priorities of our organization include helping all Marylanders achieve financial and health security. In particular, AARP strongly believes that all individuals have the right to be self-reliant and live with dignity in retirement.

SB 313 requires the Maryland Department of Health (MDH), in partnership with the Maryland Department of Aging (MDOA), the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council, and the Alzheimer’s Association, to incorporate information regarding cognitive impairment, Alzheimer’s disease, and other types of dementia into relevant public health outreach programs to educate health care providers and increase public understanding and awareness. We thank Delegate Sample Hughes for introducing this very important bill.

Many health care decisions—such as whether to seek health care and where to go for care—can have significant financial consequences for individuals and the health care system. And one of the most challenging tasks for consumers and their families is obtaining accurate, user-friendly information about the cost and quality of treatment options in a format that is meaningful for decision-making.

To promote and encourage greater consumer engagement, transparent information on price, quality, and outcomes must be available in ways that are accessible to consumers and families. Infrastructure should be in place to help consumers and family caregivers understand how that information can help them make better choices. Public and private

entities should help consumers and their families with the support they need to better engage with health insurers, providers, and health systems. Consumer goals and preferences should always be considered in the process.

It is important to note that, for a variety of reasons, not everyone has the capacity for or interest in engaging in activities that maintain, improve, or support their health. These individuals should not be penalized for this. Rather, public policymakers and private entities with interest in the field should work together to identify promising strategies to help people overcome barriers to engagement.

AARP believes that all levels of government and the private sector should fund provider education and training on consumer and family caregiver engagement. Training should be accessible, culturally and linguistically appropriate, provide information on culturally competent person- and family-centered care, and actively encourage consumer input and family caregiver engagement.

AARP MD respectfully ask the House Health and Government Operations Committee for a favorable vote on SB 313. If you have questions, please contact Tammy Bresnahan, Director of Advocacy for AARP MD at 410-302-8451 or at [tbresnahan@aarpm.org](mailto:tbresnahan@aarpm.org).